FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

BRENT RECREATION ASSOCIATION, INC.

Principal Place of Business Mailing Address								4 100 ili 400 il EBIDI BEFOR IILLI DUIDE			J1811 B1917 1381
900 BAYLISS COURT P.O. BOX 6101 PENSACOLA FL 32503				500 BAYLISS COURT P.O. BOX 6101 PENSACOLA FL 32503-0101				· · · · · · · · · · · · · · · · · · ·			
							3. Date Incorporated or Qualified 03/08/1963		of Last R 04/22/19		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		L AI	pplied For
21				26				59-0371490		No	ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22 City & State				City & State					 -		equired
23				28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Country				This corporation has liability for intengible tax under s. 199.032,			
24	25			29 30				Florida Statutes			
Name and Address of Current Registered Agent								10. Name and Address of New Re	gistered Aç	jent	
					8	1 Name)				
WINGARD, DON				8:			Addres	ss (P.O. Box Number is Not Acceptab	le)		
	LASS DRIVI	•						*			
PENSAG	COLA FL				8	3					
					8	4 City			FL	85 Zip I	Code
11. Pursuant	to the provisi	ons of Sections 61	7.0502 and 6	17.1508, Florida Statul	les, the abo	ve-namer	d corpo	ration submits this statement for the o		banoino il	is registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi							e required	when reinstating)	DATE		······································
12.		OFFICER	S AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	P			☐ DELETE	1.1 THILE			•	L	Change	Addition
NAME	WINGARD, DON			i		1.2 NAME					
STREET ADDRESS				1.3 ST			1	•			
CITY-ST-ZIP TITLE						1.4 City+St-ZiP 2.1 Title				Change	Addition
NAME	VP BUDT I	FALILIE							٤.	Gnange	Addition
STREET ADORESS	BURT, JEANNE 4422 DEAVILLE WAY					2.2 NAME 2.3 STREET ADDRESS		•			
CITY-ST-ZIP	001104004										ľ
TITLE	D	/VUNTL		DELETE	2. 4 CITY 3.1 TITLE		1		-	Change	Addition
NAME	BEAVER				3.2 NAME		Ko	gees, William E, _	-	<u></u>	73
STREET ADDRESS		JERLAIN WAY				ET ADDRESS	Ør.	172 Cottonwood LD	. ,		
CITY-ST-ZIP	PENSAC				3.4. City		3 T	gels, William E 172 Cotton wood Lo ENSACO IA, Th. 323	514		
TITLE	ST			DELETE	4.1 TITLE		1			Change	Addition
NAME	ROGERS	S, EDITH E			4. 2 NAM	E					
STREET ADDRESS		OTTONWOOD LA	ME		4.3 STREE	ET ADDRESS					
CITY-ST-ZIP	PENSAC	XOLA FL			4.4 CITY-	ST-ZIP					
TITLE	D			☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME		FRANKLIN			5.2 NAME						
STREET ADORESS		ALBAN AVE				ET ADDRESS					
CITY-ST-ZIP	PENSAC	OLA FL		Let etc	5.4 CITY-		 			7	
TITLE	D	DO11		☐ DELETE	6.1 TITLE				L	Change	☐ Addition
NAME	Luker.	DON			6.2 NAME		1				

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4619 ST. NAZAIRE RD

STREET ADDRESS CITY-ST-ZIP

Km 4774899

FILED

Apr 08 1997 8:00am

Secretary of State